



KANSAS
DEPARTMENT ON AGING
KATHLEEN SEBELIUS, GOVERNOR
Pamela Johnson-Betts, Secretary

CP No _____

ADULT CARE HOME FACILITY COMPLAINT INVESTIGATION REPORT FORM
(Please attach additional sheets as needed.)

REPORTING FACILITY

Name: _____ Phone No.: _____
Address: _____ E-mail address: _____
(Street/PO Box) (City) (State) (Zip Code)

REPORTING PARTY

Name: _____
(Last) (First) (Middle initial) (Title/position)
Address: _____
(Street/PO Box) (City) (State) (Zip Code)
Telephone: () _____ () _____
(Work) (Home)

INCIDENT INFORMATION

Date of Incident (on or about): _____

Information upon which this report is being made is as follows: (Please include a specific description of the incident, including the date, time, and location of the alleged incident.)

Name & Cognitive Status of Resident(s) involved:

If injured, please describe:

Corrective Actions Taken by the Facility:

Report made to law enforcement? ☐ Yes ☐ No

Police Case # _____

Name and address of law enforcement contact

Attachments:

- ☐ Facility Investigative Report & supportive documentation. Please include MDS, Care Plan, nursing notes pertinent to the incident as appropriate. For state licensed only ACH such as ALF, RHCF, Home Plus, etc. please submit copies of the FCS, NSA and Health Care Service Plan.
- ☐ Nurse Aide Registry Verification if the alleged Perpetrator is a CNA &/or CMA
- ☐ List of witnesses and **Notarized** Witness statements from those individuals regarding abuse, neglect or exploitation by a facility staff member.
- ☐ Completed Alleged Perpetrator Information Form (if applicable)

Attestation Statement: I certify that all the information given is true and correct.

Signature

Printed Name

Title

Date

Please return completed form to the appropriate Regional Manager: (see p. 4 for mailing addresses)**Regional Manager Use Only: Review of information has been completed.**Onsite survey: Yes ☐ No ☐

Signature

Date

ALLEGED PERPETRATOR (AP) INFORMATION FORM

TO BE COMPLETED BY THE FACILITY			
Facility: _____			
City: _____			
ALLEGED PERPETRATOR INFORMATION:			
Name: _____			
Last	First	MI	Alias
Address: _____			
Street/Box	City	State	Zip Code
Telephone Number: () _____		Soc. Security _____	
Date of Hire: _____			
AP Suspended? YES NO Date: _____		AP Terminated? YES NO Date: _____	
CREDENTIALING/LICENSURE INFORMATION			
Certificate or License No. _____ (Attach copy of certificate/license)			
Type of Certification (check all that apply) NAT CNA CMA HHA AD SSD QMRP			
Other _____			
NAT = Nurse Aide Trainee I or II		CNA = Certified Nurse Aide	
HHA = Home Health Aide		AD = Activities Director	
QMRP = Qualified Mental Retardation Professional		CMA = Certified Medication Aide	
		SSD = Social Service Designee	
OR			
Type of License (Check all that apply):			
ACHA RN LPN RPT OT LMHT LSW Other: _____			
ACHA = Adult Care Home Administrator		RN = Registered Nurse	
RPT = Registered Physical Therapist		OT = Occupational Therapist	
LMHT = Licensed Mental Health Technician		LSW = Licensed Social Worker	
		LPN = Licensed Practical Nurse	
THIS SECTION TO BE COMPLETED BY THE REGIONAL MANAGER			
Case No: _____ Code : _____			
The above-named perpetrator has been found to have:			
Regional Manager Signature: _____		Date: _____	

KANSAS DEPARTMENT ON AGING

LICENSURE, CERTIFICATION AND EVALUATION COMMISSION - COMPLAINT REPORTING

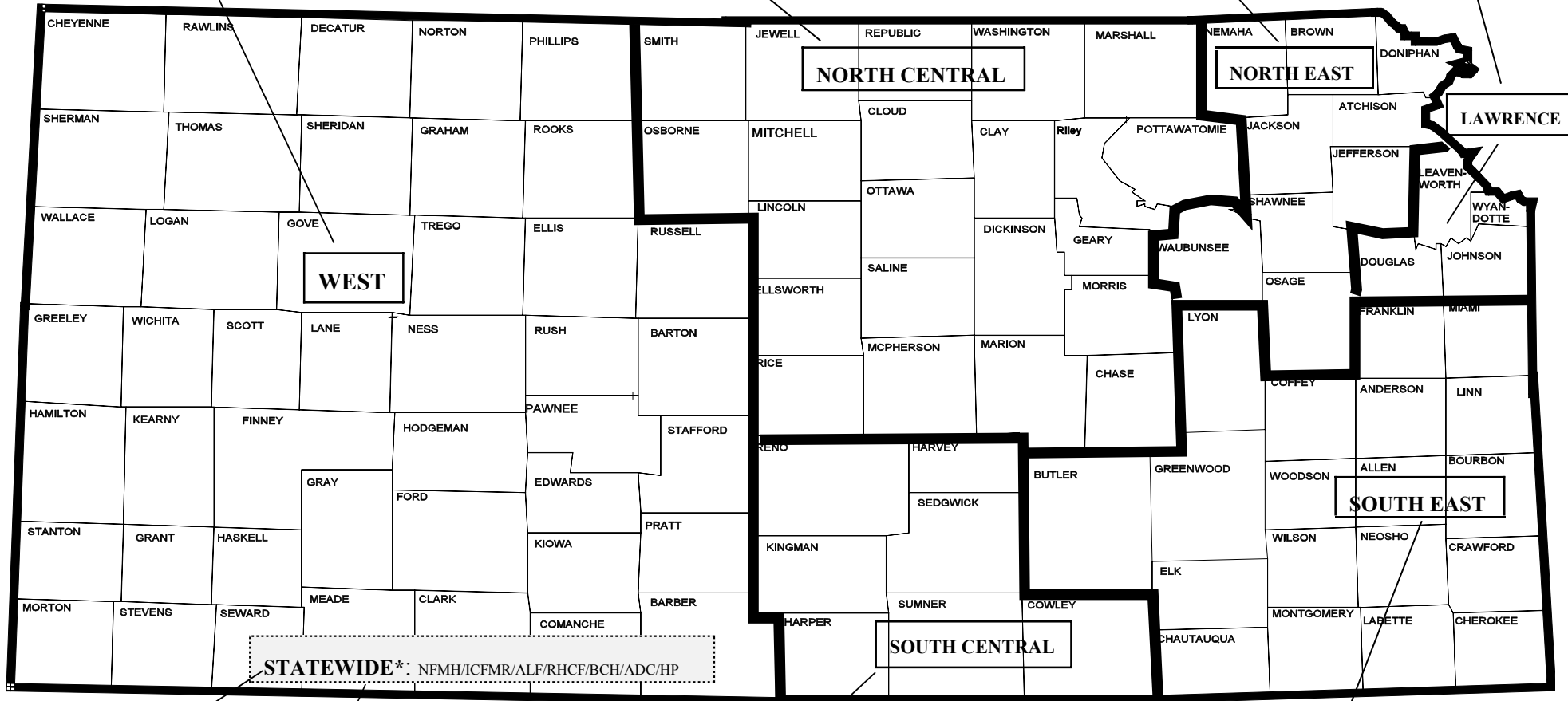
Click on Region Name for Magnified
View of Contact Information

Kim Pepperd, Regional Manager
West District Office
P.O. Box 261
Kinsley, KS 67547
(620) 659-3548/(785) 625-5663

Glenda Kracht, Regional Manager
North Central District Office
2501 Market Place Suite D
Salina KS 67401
(785) 827-9639

Audrey Sunderraj, Regional Manager
Northeast District Office
503 S. Kansas Ave.
Topeka KS 66603-3404
(785) 296-1023

Karen Craig, Regional Manager
Lawrence District Office
800 W 24th St
Lawrence KS 66046-4417
(785) 842-4600



Joleen Morris, Regional Manager
MH/MR Program
503 S. Kansas Ave.
Topeka, KS 66603-3404
(785) 296-1269

Rita Fitch, Regional Manager
South Central District Office
130 S Market 6th Floor
Wichita KS 67202-3826
(316) 337-6020

Mary Saporito, Regional Manager
South East District Office
P.O. Box 77
Weir, KS 66781
(620) 429-3879/(620) 431-2390

*COMPLAINTS FOR NURSING FACILITIES FOR MENTAL HEALTH, INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED & FREESTANDING ASSISTED LIVING/RESIDENTIAL HEALTH CARE/BOARDING CARE/ADULT DAY CARE/HOME PLUS FACILITIES ARE HANDLED ON A STATEWIDE BASIS.